

Provider Memorandum

Newborn Enrollment Effective Date Guidance

The Illinois Department of Healthcare and Family Services (HFS) determines eligibility for the Medicaid programs. Payment for services rendered is based on eligibility and benefit entitlement and providers are encouraged to continue to check eligibility for Members. Newborn enrollment into Molina is determined by HFS. Molina does not enroll newborns, and does not determine the newborn's Molina enrollment effective date.

Providers can continue to check eligibility through the HFS Medical Electronic Data Interchange (MEDI) system, the Molina Provider Portal, or by calling Molina. Please follow this link for a helpful guide to using the HFS MEDI eligibility search system:

http://www.molinahealthcare.com/providers/il/PDF/Medicaid/forms_IL_40372HFSMEDIEligibilitySearch.pdf

This memorandum aims to assist providers with eligibility verification for newborns, as determined by HFS. Please incorporate the following guidance to your organization's claims submissions process as it relates to each line of business, enrollment dates and dates of service.

Newborns Born to Family Health Plan (FHP)-Enrolled Members

If a FHP beneficiary is enrolled in Molina on their newborn's date of birth (DOB), the newborn will be automatically enrolled with Molina as long as the newborn is added to the mother's case prior to the newborn reaching one (1) year of age. The effective date of enrollment depends on the timing of the newborn being added to his or her mother's Medicaid case. At that point, the newborn eligibility will be available in the HFS Medical Electronic Data Interchange (MEDI) system.

Please Note Exception: There are some exceptions, such as cases where a Molina FHP beneficiary gives birth, but due to nuances around the mother's and newborn's Medicaid eligibility and the rules for newborn enrollment, the newborn is not retrospectively enrolled with Molina. In these circumstances, if there are claims in question, Molina will work with HFS to review and resolve any eligibility and enrollment questions on a case-by-case basis.

Below are scenarios demonstrating the enrollment effective date rules for newborn babies who are born to Molina FHP-enrolled mothers.

Scenario 1

If a newborn is added to his or her mother's case before the newborn is 45 days old, the newborn should be automatically enrolled into Molina, and the Molina enrollment effective date will be the newborn's DOB.

Newborn DOB	Newborn Added to Mother's Case	Molina Enrollment Effective Date
9/3/16	10/09/16	9/3/16

Molina is responsible for claims for the newborn from 9/3/16 forward in this scenario.

Scenario 2

If a newborn is added to his or her mother's case after the newborn is 45 days old but before the newborn reaches one (1) year of age, the newborn is automatically enrolled into Molina. The newborn's Molina enrollment effective date will be prospective. The newborn will not be enrolled retrospective to his or her DOB.

Newborn DOB	Date Newborn Added to Mother's Case	Molina Enrollment Effective Date
9/1/16	10/18/16	11/1/16

The HFS fee-for-service (FFS) system will be responsible for claims for dates of service from 9/3/16 through 10/31/16. Molina is responsible for claims from 11/1/16 forward.

Newborns Born to Mothers in HFS Fee-for-Service

If a mother is not enrolled in Molina on the newborn’s DOB, but is subsequently enrolled in Molina after the newborn’s DOB, the newborn will not be automatically enrolled in Molina. The newborn may be enrolled in Molina, and that enrollment will be prospective.

Hospital Claims for Newborn Member Enrollment with Health Plan Changes

Regardless of what program or health plan the Member is enrolled in at the time of discharge, the program or plan the Member is enrolled with on the date of admission shall be responsible for payment of all covered inpatient facility services provided from the date of admission until the date of discharge, unless that hospital is paid by HFS on a per diem basis. For per diem hospitals, the health plans are responsible for the days during which the Member was enrolled with their plan.

Example—Newborn Added to Mother’s Case After 45 days

Newborn DOB	Admits to NICU	Discharges from NICU	Added to Mother’s Case	MCO Enrollment Effective Date	Enrollment Period
6/3/16	6/3/16	10/15/16	9/9/16	10/1/16	6/3/16-09/30/16

Diagnosis-related group (DRG) based hospital: HFS FFS is responsible for entire neonatal intensive care unit (NICU) claim because the newborn was enrolled with HFS FFS on NICU admit date.

Per Diem hospital: HFS FFS is responsible for all days from 6/3/16 through 9/30/16; MCO is responsible for all days from 10/1/16 through 10/15/16.

Hospital Providers are Responsible for Assisting with the Newborn Enrollment Process

As a reminder, hospitals are strongly encouraged to assist mothers with enrollment of their newborn babies by following the newborn enrollment process outlined in the HFS Handbook for Providers of Hospital Services at Topic H-211.2 Newborn Enrollment.

Hospitals cannot bill Molina for services rendered to a newborn until that newborn is assigned a Recipient Identification Number (RIN) and enrolled with Molina.

Provider Authorization Requests and Notifications

Maternity Admission	Notification for authorization required within one (1) business day after admission
Newborn Admission	Notification for authorization within one (1) business day after admission
NICU Admission	Notification for authorization required within one (1) business day of NICU admission
Transfer to different Hospital	Notification for authorization should occur within one (1) business day of transfer
Level of Care Change	Notification for authorization required prior to discharge or at level of care change
Transfer from a Different Hospital	Notification for authorization should occur within (1) business day of transfer but no later than 10 days after the newborn received a RIN

Claim Reimbursement Requirements

Members must have a RIN and be effective with Molina on date of admission, including newborns who are in the NICU and receive services or Members who have discharged.

1. A provider should not submit claims in the absence of a newborn receiving a RIN, even if the mother is enrolled with Molina.
2. Services must be medically necessary covered benefits in accordance to Milliman Care Guidelines (MCG) memorandum dated October 24, 2016.
3. Provider must notify Molina for authorization:
 - a. No later than ten (10) days after newborn receives a RIN
 - b. Within one (1) day of receiving a transferred baby but no later than ten (10) days after the newborn receives a RIN
 - c. Changes in level of care including and up to date of discharge

4. Along with notification to Molina for authorization, providers must supply medical records specifically for NICU no later than ninety (90) days.
5. If newborn has RIN before date of discharge providers must notify Molina for authorization according to the following guidelines:
 - a. No later than the **(10)** days after newborn is enrolled with Molina; or,
 - b. Any day, including up to date of discharge.
6. If newborn does not have a RIN before discharge and HFS retro effectively enrolls the newborn into Molina:
 - a. Provider holds claims and then notifies Molina of RIN for newborn once they become aware of it and authorization is entered into system to allow for claims adjudication; or,
 - b. If provider has already submitted a claim and received a denial for no prior authorization, the provider needs to submit a claim dispute with documentation within thirty **(30)** days of claim denial.

Integrated Care Plan (ICP) or Medicare Medicaid Alignment Initiative (MMAI) Enrolled Members with Newborns

As set forth by HFS, a ICP or MMAI-enrolled Molina Member's newborn will not be *automatically* enrolled with Molina. If and when then newborn is enrolled with Molina, the newborn's enrollment with Molina will be prospective, not retrospective to the newborn's DOB.

Please contact your Provider Service Representative if you have any questions or would like additional training regarding this process, including how to submit and check status of authorization requests via the Molina Provider Portal. **Please also use the following links for Molina Prior Authorization Document Forms:**

- Molina "Medical Prior Authorization Request Form"
 - <http://www.molinahealthcare.com/providers/il/PDF/Medicaid/Medical-PA-Form.pdf>
- Molina "How to Complete a Prior Authorization Form"
 - <http://www.molinahealthcare.com/providers/il/PDF/Medicaid/How-to-Complete-PA.pdf>
- Molina "Prior Authorization Codification List"
 - <http://www.molinahealthcare.com/providers/il/PDF/Medicaid/PA-codification.pdf>
- Molina "Prior Authorization Pre-Service Review Guide"
 - <http://www.molinahealthcare.com/providers/il/PDF/Medicaid/PA-Pre-Service-Review-Guide.pdf>
- Molina "Pharmacy Prior Authorization Form"
 - <http://www.molinahealthcare.com/providers/il/PDF/Medicaid/pharmacy-prior-authorization-request-form.pdf>
- Molina "Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form"
 - <http://www.molinahealthcare.com/providers/il/PDF/Medicaid/treatment-of-chronic-hepatitis-c.pdf>
- Molina "Behavioral Health Prior Authorization Form"
 - <http://www.molinahealthcare.com/members/common/en-US/PDF/Illinois/behavioral-health-prior-authorization-form.pdf>

You may also contact the Provider Services Department at (630) 203-3965 or via email at IllinoisProviders@MolinaHealthcare.com.